

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 204

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10887

20690

3

4 0

5 0

6

7 0

8 2

9331X

10

11

12 86-2

13 30

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED SEP 10 1963

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Moberly, Mo.

Length of stay in 1b

2 dys

c. FULL NAME OF (If NOT in Hospital, give location)
HOSPITAL OR
INSTITUTION

Phillips Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Monroe

c. CITY

Madison

OR
TOWN

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

7 Mi. N. Madison, Mo.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

William

Middle

Jennings

Last

Clark

4. DATE
OF
DEATH

Month

Sept.

Day

5,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 22, 1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Grain & Livestock

11. BIRTHPLACE (City and state or country)

Madison, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Clark

13b. MOTHER'S MAIDEN NAME

Sally Enoch

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Manly Clark

Address

Madison, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive pneumonia
CVAINTERVAL BETWEEN
ONSET AND DEATH2 days
7 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Prostatic C.A.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9-3-63 to 9-5-63
8:30 P. M.

and last saw her alive on 9-5-63

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mr. H. M. Carmichael D.O.

22b. ADDRESS

Moberly Mo.

22c. DATE SIGNED

9-7-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Sept. 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cem.

23d. LOCATION (City, town, or county)

Madison,

(State)

Mo.

24. FUNERAL DIRECTOR

Thompson-Mackler

ADDRESS

Madison, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 6-1963

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph R. Mackler

Licensed Embalmer No.

4751

P. O. Address

Madison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.